

DECLARATION AND POWER OF ATTORNEY
(Patent, Design or C-I-P Application)

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are stated below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: PORPOUS CERAMIC/POROUS POLYMER LAYERED SCAFFOLDS FOR THE REPAIR AND REGENERATION OF TISSUE the specification of which is attached hereto was filed on _____ as Application Serial No. _____ and was amended on _____

(if applicable)

I hereby state that I have reviewed and understand the contents of the above-entitled specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed.

PRIOR FOREIGN APPLICATION(S)

COUNTRY	APPLICATION NO.	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. 119
			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

LISTING OF FOREIGN APPLICATIONS CONTINUED ON PAGE 2 HEREOF: YES NO

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below.

<input type="checkbox"/>	(Application Serial No.)	(Filing Date)
<input type="checkbox"/>	(Application Serial No.)	(Filing Date)
<input type="checkbox"/>	(Application Serial No.)	(Filing Date)

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s), or §365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT International application in the manner provided by the first page of 35 U.S.C. §112, I acknowledge the duty to disclose material information as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

<input type="checkbox"/>	(Application Serial No.)	(Filing Date)	(Status: patented, pending, abandoned)
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POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

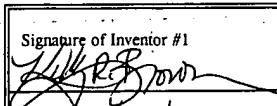
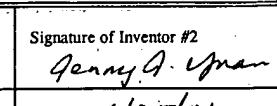
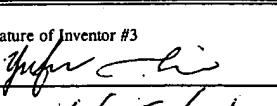
RALPH W. SELITTO, JR., Reg. No. 26,996; PAUL F. SWIFT, Reg. No. 34,938; JOHN K. KIM, Reg. No. 37,002; MARCELLA M. BODNER, Reg. No. 46,561; OMRI M. BEHR, Reg. No. 22,940; E. RICHARD SKULA, Reg. No. 31,061; LOUIS J. CAPEZZUTO, Reg. No. 37,107; MATTHEW S. GOODWIN, Reg. No. 32,839; VERNE E. KREGER, JR., Reg. No. 35,231; and WILLIAM K. WISSING, Reg. No. 34,757.	
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SEND CORRESPONDENCE TO:	Ralph W. Selitto, Jr. P.O. Box 1477 Edison, New Jersey 08818-1477	DIRECT TELEPHONE Ralph W. Selitto, Jr. CALLS TO: (732) 777-9050
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Full Name of Inventor #1	Last Name: BROWN	First Name: KELLY	Middle Name: R.
Residence & Citizenship	City: HILLSBOROUGH	State or Foreign Country: NEW JERSEY	Country of Citizenship: U.S.A.
Post Office Address	Post Office Address: 298 TRIANGLE ROAD, APT 146, BLDG. 10	City: HILLSBOROUGH	State or Country and Zip Code: NEW JERSEY 08844
Full Name of Inventor #2	Last Name: YUAN	First Name: JENNY	Middle Name: J.
Residence & Citizenship	City: NESHANIC STATION	State or Foreign Country: NEW JERSEY	Country of Citizenship: PEOPLE'S REPUBLIC OF CHINA
Post Office Address	Post Office Address: 8 CHRISTIE WAY	City: NESHANIC STATION	State or Country and Zip Code: NEW JERSEY 08853
Full Name of Inventor #3	Last Name: LI	First Name: YUFU	Middle Name:
Residence & Citizenship	City: BRIDGEWATER	State or Foreign Country: NEW JERSEY	Country of Citizenship: U.S.A.
Post Office Address	Post Office Address: 11 HUGHES ROAD	City: BRIDGEWATER	State or Country and Zip Code: NEW JERSEY 08807

LISTING OF INVENTORS CONTINUED ON PAGE 2 HEREOF: YES NO

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 101 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor #1 	Signature of Inventor #2 	Signature of Inventor #3 
Date: 6/25/01	Date: 6/25/01	Date: 6/25/01

SEE PAGE 2 ATTACHED, SIGNED AND MADE A PART HEREOF: YES NO

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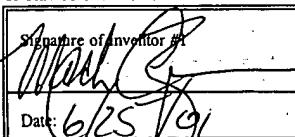
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Full Name of Inventor #1	Last Name: ZIMMERMAN	First Name: MARK	Middle Name: C.
Residence & Citizenship	City: EAST BRUNSWICK	State or Foreign Country: NEW JERSEY	Country of Citizenship: U.S.A.
Post Office Address	Post Office Address: 21 AGATE ROAD	City: EAST BRUNSWICK	State or Country and Zip Code: NEW JERSEY 08816
Full Name of Inventor #2	Last Name:	First Name:	Middle Name:
Residence & Citizenship	City:	State or Foreign Country:	Country of Citizenship:
Post Office Address	Post Office Address:	City:	State or Country and Zip Code:
Full Name of Inventor #3	Last Name:	First Name:	Middle Name:
Residence & Citizenship	City:	State or Foreign Country:	Country of Citizenship:
Post Office Address	Post Office Address:	City:	State or Country and Zip Code:

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Signature of Inventor #1 	Signature of Inventor #2	Signature of Inventor #3
Date: 6/25/91	Date:	Date:

SEE PAGE 2 ATTACHED, SIGNED AND MADE A PART HEREOP: YES NO